

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008668

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2168

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

c. CITY OR TOWN

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

THOMAS

DUDLEY

GRADY

February

25

1963

## 5. SEX

## 6. COLOR OR RACE

## 7. Married

Never Married ☐

## 8. DATE OF BIRTH

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

## IF UNDER 24 Hrs

Male

Negro

Widowed ☐Divorced ☐

1/22/10

53

Months

Days

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

## 12. CITIZEN OF WHAT COUNTRY

Minister

Church of God In

DeKalb, Mississippi

U.S.A.

## 13a. FATHER'S NAME

## 13b. MOTHER'S MAIDEN NAME

## 14. NAME OF HUSBAND OR WIFE

JOHN GRADY

BETTIE HAMPTON

CORINE GRADY

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

(Yes, no, or unknown) (If yes, give war or dates of service)

No

East St. Louis, Ill.

Corine Grady, 302 N. 18th Street

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

ACUTE CORONARY OCCLUSION

## INTERVAL BETWEEN ONSET AND DEATH

6 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

CORONARY HEART DISEASE

2 3/4 YRS

## DUE TO (c)

DIVERGICULUS OF COLON

1 WEEK

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4201

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

YES ☐ NO ☒☐☐☐

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

NOT WHILE AT WORK ☐☐

## 21. I attended the deceased from

2/15/63

to 2/25/63

and last saw her alive on 2/24/63

## Death occurred at

500

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE REG. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Burial

2/3/63

Sunset Funeral Home

St. Louis, Mo.

(State)

Marion C. ...

2114 Missouri Ave.

St. Louis, Mo.

FEB 26 1963

Fred Smith, M.D.

(State)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Marion C. Offner*

Licensed Embalmer No.

*5177*

P. O. Address

*E. H. Jones, III.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.